

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042277

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2000Registrar's No. 1701

NOV 26 1962

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Springfield, Mo.

Length of stay in 1b

7 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Burge Protestant

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Greene

Inside Limits

Yes ☒ No ☐c. CITY
OR TOWN

Springfield

d. STREET
ADDRESS

1423 North Jefferson

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Lillie

Middle

Wadlow

Last

McLin

4. DATE
OF DEATH

Month

November

Day

15, 1962

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Oct 16, 1872

9. AGE (last birthday)

90y

IF UNDER 1 YEAR IF UNDER 24 HR

Months

29

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (City and state or country)

Near Willard, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Wesley Wadlow

13b. MOTHER'S MAIDEN NAME

Mary Lethco

14. NAME OF HUSBAND OR WIFE

widowed.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Address

Robert McLin, Rte 1 Willard, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

advanced age

DUE TO (c)

lung infection

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Oct 1

to

Oct 16/62

her

new

him

alive on

Oct 16/62

Death occurred at

2:45 P.M.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. A. Delzell M.D.

22b. ADDRESS

Springfield Mo

22c. DATE SIGNED

11-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov 27, 1962

23c. NAME OF CEMETERY OR CREMATORY

Wesley Chapel Cem.

23d. LOCATION (City, town, or county)

Willard, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Greenwade-Windle, Willard, Missouri

25. DATE RECD. BY LOCAL REG.

11-23-62

26. REGISTRAR'S SIGNATURE

Effie S. Mellon

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W.A. DELZELL

USE BLACK INK

OR

TYPEWRITER RIBBON

Print 11-15-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.